

Title 23 Damage Assessment Form

U.S. Department of Transportation Federal Highway Administration Region 9 Title 23 Damage Assessment Form		Fed. Proj. #: Contract Admin.:	Report Number: Disaster Number: Caltrans EA:	
Locode: Applicant:		County:	DAF Approval Date:	
Location of Damage:		Dist Co Rte KM	Inspection Date:	
Bridge Data:	Bridge No Type:	Functional Classification _____	Federal Aid Route:	
Traveled Way:	Width: Type:	Fed Aid Hwy <input type="checkbox"/> yes <input type="checkbox"/> no F-Class Check <input type="checkbox"/> yes <input type="checkbox"/> no On State Hwy <input type="checkbox"/> yes <input type="checkbox"/> no	Local Route No.:	
Shoulder:	Width: Type:			
Description:			ADT (existing):	
			Photos Roll # Picture #	
COST ESTIMATE				
	Type of Repair	Description or Work	Cost	
EMERGENCY (EO)	Emergency Repair to Date		PE _____	
	<input type="checkbox"/> Force Account		RW _____	
	<input type="checkbox"/> Contract		CE _____	
			Const _____	
	Emergency Repair Remaining		PE _____	
	<input type="checkbox"/> Force Account		RW _____	
	<input type="checkbox"/> Contract		CE _____	
			Const _____	
	SUBTOTAL EMERGENCY =			
	(PR)	Restoration Work		PE _____
<input type="checkbox"/> Force Account		RW _____		
<input type="checkbox"/> Contract		CE _____		
		Const _____		
Note: Prior Authorization required to proceed with restoration			SUBTOTAL RESTORATION =	
NEPA Compliance <input type="checkbox"/> Signed CE/CE Determination Form (attached) <input type="checkbox"/> CE/CE Determination Form or other NEPA Document (to be completed)		Preliminary Engineering (10%) _____ Right of Way _____ Construction Engineering (15%) _____		
Stewardship <input type="checkbox"/> Exempt <input type="checkbox"/> CA <input type="checkbox"/> FHWA Oversight		Construction _____ TOTAL ESTIMATED COST =		
Recommendation <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	FHWA Engineer _____ Date _____			
Concurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	State Engineer _____ Date _____			
Concurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Agency Engineer _____ Date _____			

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL HIGHWAY ADMINISTRATION - REGION 9 DAMAGE ASSESSMENT FORM (Title 23, Federal Aid System/Federal Domain)	Report No. _____ Sheet No. _____ of _____ Applicant _____
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Quantity	Unit	Labor, Materials & Equipment	Unit Price	Cost

Note: Attach additional forms if necessary.

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July 1, 1996

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